

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>010885</b>                               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/23/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RIVERBEND</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2715 CHARLESTOWN PIKE</b><br><b>JEFFERSONVILLE, IN 47130</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| {R 000}  | <p><b>INITIAL COMMENTS</b></p> <p>This visit was a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 8/1/13.</p> <p>Survey Date:<br/>October, 23, 2013</p> <p>Facility Number: 010885<br/>Provider Number: 010885<br/>AIM Number: N/A</p> <p>Survey Team:<br/>Gwen Pumphrey, RN-TC</p> <p>Census Bed Type:<br/>Residential: 98<br/>Total: 98</p> <p>Census Payer Type:<br/>Other: 98<br/>Total: 98</p> <p>Sample: 18</p> <p>Riverbend was found to be in compliance with 410IAC 16.2 in regard to the PSR to the State Residential Licensure Survey.</p> <p>Quality review completed on October 24, 2013, by Janelyn Kulik, RN.</p> | {R 000}  |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE